

CHILD ADOPTION ASSESSMENT

Identifying Information

NOT TO BE RELEASED

Michigan Department of Human Services

"Click here and type agency name and address."

This form should be used for one child. If the plan is for siblings to be adopted together, one form may be used for those siblings.

To insert additional Child Information only, copy Child Information and Placement History sections and paste below the Placement History area. (Highlight table rows by using large white cursor arrow. White arrow will appear when cursor is placed outside of left margin. Do not use tiny black arrow.) To insert both additional Child and Parent Information, copy Child Information, Placement History and Parent Information and paste above Sibling Information. To insert Child Information, Placement History, Parent Information and Sibling Information, copy all four sections and paste above Dates of Contact.

CHILD INFORMATION		
Child's Name "Click Here & Type"		Permanent Custody Date/County "Click Here & Type"
Date of Birth "Click Here & Type"	Court File Number "Click Here & Type"	Date Referred for Adoption "Click Here & Type"
Worker "Click Here & Type"		
Child(ren)'s PersonID "Click Here & Type"		Report Date "Click Here & Type"
PLACEMENT HISTORY		
Date of Placement "Click Here & Type"	Name/Address	Type of Placement

Triple Click Here to insert copied Child Information and Placement history rows.

PARENT INFORMATION		
Mother Name "Click Here & Type"	Mother Relationship ____ Birth Mother ____ Adoptive Mother	
Mother's Date of Birth "Click Here & Type"		
Mother's Last Known Address "Click Here & Type"		
Father Name "Click Here & Type"	Father Relationship ____ Birth Father ____ Adoptive Father	
Father's Date of Birth "Click Here & Type"		
Father's Last Known Address "Click Here & Type"		

Triple Click Here to insert copied Child Information, Placement history and Parent Information rows.

SIBLING INFORMATION Use this section to list siblings who are not included in the assessment.	
Sibling Name "Click Here & Type"	Date of Birth "Click Here & Type"
Legal Status "Click Here & Type"	Name of Person Living With/Relationship (identify foster home) "Click Here & Type"
Last Known Address "Click Here & Type"	

Triple Click Here to insert copied Child Information, Placement history, Parent Information and Sibling Information rows

DATES OF CONTACT

Dates With whom (include Role/Position) Type (HV, TC, OC)

"Click Here & Type"

PROGRESS TOWARD ADOPTION

This section should identify the specific action steps which must be addressed in order to place the child in an

adoptive home. The worker should include a description of activities to be completed during the next quarterly report period.

Recruitment Activities (if necessary)

"Click Here & Type"

Progress Toward Adoption

"Click Here & Type"

Barriers to Adoption/Action Steps to Overcome Barriers (e.g. appeal, competing party case)

"Click Here & Type"

Projected Date for Adoption

"Click Here & Type"

**NONIDENTIFYING INFORMATION
(THIS MATERIAL MUST BE SHARED)**
Michigan Department of Human Services

"Click here and type agency name and address."

To insert additional Child Information only, copy Child Information and paste above the Events Leading to Permanent Wardship area. (Highlight table rows by using large white cursor arrow. White arrow will appear when cursor is placed outside of left margin. Do not use tiny black arrow.)

Child's First Name "Click Here & Type"	Date/Time of Birth "Click Here & Type"
Place of Birth "Click Here & Type"	City, County, State "Click Here & Type"
Gender "Click Here & Type"	Is Ward a Member or Eligible for Membership in a Tribe? (See ADM 630) ____ Yes ____ No

Triple Click here to insert copied Child Information rows.

Events Leading to Permanent Wardship The description should provide the reader with a concise, informative summary. A complete restatement of all legal proceedings is NOT required.

"Click Here & Type"

Birth Parent's History Summarize for each parent their educational level, employment history, health issues, and special interests (including hobbies, athletic or artistic activities), or achievements. Provide a complete physical description. NOTE: IDENTIFYING INFORMATION ABOUT THE PARENTS (INCLUDING FIRST NAMES) IS NOT TO BE INCLUDED IN THIS SECTION.

"Click Here & Type"

Child's History Describe the child's life experiences, e.g., relationships, types of discipline, traumatic experiences, etc. that would aid in selecting an appropriate adoptive family.

"Click Here & Type"

Placement History Summarize the number and types of placements. Indicate reasons for replacement, if known. DO NOT INCLUDE IDENTIFYING INFORMATION.

"Click Here & Type"

DESCRIPTION OF CHILD

Physical and Medical Assessment A complete physical description including height, weight, hair and eye color, birth marks, glasses, etc. Information from current medical providers, including occupational or physical therapists.

"Click Here & Type"

Emotional Assessment Information from current service providers and/or school.

"Click Here & Type"

Social Assessment Information from current service providers and/or school. Any hobbies, talents, special interests, and participation in school activities. The child's sense of self, family and community. The child's racial, ethnic and cultural identity.

"Click Here & Type"

Cognitive Assessment Information from current service providers and/or school.

"Click Here & Type"

Personality and Behavioral Assessment

Disposition, sense of humor, moods, anxiety level, etc:

Attention span, impulse control, ability to delay gratification, self-reliance.

Any behavioral or personal characteristics that require special attention (e.g. climbing, aggressive, oppositional).

"Click Here & Type"

Mental Health Diagnosis Information from current professional evaluation(s).

"Click Here & Type"

Basis for DOC Rate, if applicable

"Click Here & Type"

Past and Current Important Relationships and Attachments Describe the child's relationships with kinship caregivers, foster parents, birth parents, and other significant individuals. Describe the child's perceptions of these relationships. Describe caregiver's interest in adoption.

"Click Here & Type"

Child's Attitude, Preparation, and Readiness for Adoption

Describe:

The child's readiness and preparation for adoption

Factors that must be in place to assist the child in developing the capacity to trust new parent(s)

Factors that will need to be addressed to achieve a successful placement

The child's feelings about an adoptive placement

The child's capacity to transition to a new family, community, school, etc., if necessary.

"Click Here & Type"

Information About Whereabouts of All Known Siblings (Non identifying only)

Frequency of contact/visitation among siblings

Describe the relationship between siblings, if none why?

Describe any skills, talents and temperament of siblings.

Are the siblings available for adoption? What is the permanency plan?

"Click Here & Type"

Special Physical, Emotional, and Educational Needs Which are Critical for the Placement Decision Describe any significant factors or characteristics about the child, which are important to consider for the child's well being.

Placement with or without Siblings Siblings shall be placed together whenever possible if placement with siblings is not possible, or not considered in the child's best interests, document the reasons. Address the need for continued sibling contact following adoption.

Placement with Relatives Describe any relatives with whom the child has a significant emotional relationship and the importance of maintaining this relationship following adoption.

Maintaining Continuity of Current Relationships Describe the importance of maintaining emotional ties between the child and current caregivers, friends, teachers, and other significant persons in the child's life.

Religious Preference Describe the role religion has played in the child's life and any individual or specific needs or interests of the child, including religious preference and involvement with a church community.

Child's Wishes Regarding Adoption and Characteristics of Potential Adoptive Family Describe the child's feelings about being adopted and, if a family has been identified, about the specific adoptive placement. A child who is 14 years of age or older must give consent to their own adoption.

Other Factors Specific to This Child (See ADM 620 MEPA/IEAP for consideration of race.)

Recommendation Regarding Adoptive Placement

Adoption Worker Signature

Printed Name

Date _____

Adoption Supervisor

Printed Name

Date _____

Date Submitted to DHS (POS Cases)

<p>AUTHORITY: P.A. 288 of 1939, as amended, MCLA-710.27(5)</p> <p>RESPONSE: Is Voluntary.</p> <p>PENALTY: None.</p>	<p>Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.</p>
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